MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01489

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grayton
LENGTH OF STAY (In this place): 10 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maine — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Portland
STREET ADDRESS (If rural, give location): 29 Wilson St. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	Whitney	Adams	2	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	4-4-1898	51 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automotive engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malden, Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert S. Adams
14. MOTHER'S MAIDEN NAME: Margarie E. Robins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 004-30-8968
17. INFORMANT: Col. G.B. Harris, Grayton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 15'

420.1 / 940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Natural causes - unknown — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— m.		—

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
James L. MacKavanagh, M.D.,	Deputy Medical Examiner, La Plata, Md.	2-9-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/13/50	Brooklawn Memorial	Portland, Maine

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/10/50	Julia H. Posey	Hewitt & Ryon, Waldorf, Md.	

42239

VS. A15A

RECEIVED
FEB 13 1950
BUREAU V. S.

Evidence for change of birth date shown on:

FILM No. G 124 FEB 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01490

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Janie Elizabeth Barnes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: Charles Barnes

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 16, — ~~1907~~ 1906

8. AGE: Years 43 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: McConchie, Charles, Md.
(Town, county, and state)

10. Usual occupation: Housf

11. Industry or business: own home

FATHER
12. Name: Settie Ford
13. Birthplace: Chas Co Md

MOTHER
14. Maiden name: Bessie Thomas
15. Birthplace: Chas Co Md

16. Informant: Charles Barnes
Address: La Plata Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2-5-50 (month) (day) (year)

Cemetery or crematory: New Town Methodist

Location: Rural La Plata Md

18. Funeral director: Hewitt & Ryan

Address: Waldorf Md

19. 2-5 1950 (Date rec'd by registrar) Julia H. Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 2, 1950, at 12:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 30 1950, to Febr. 2 1950 and that I last saw her alive on Febr. 2, 1950

Immediate cause of death	DURATION
Pulmonary edema	12 hrs.
Due to: Primary atypical pneumonia (bilateral)	4 days
Due to:	
Other conditions: —	

492X
(Include pregnancy within 3 months of death)

108

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D. M. D. or other

Address: La Plata Md Date signed: 2-2-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

15-564273

James E Barnes

RECEIVED
FEB 8 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 124 MAR 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01491

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Near Dubois, Charles Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Charlotte Hall — LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Charlotte Hall —
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) William (Last) Benton

4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1950

5. SEX Male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH 9-7-1868 | 9. AGE last birthday 81 yrs. | If under 1 year Months 5 Days 17 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard H. Benton | 14. MOTHER'S MAIDEN NAME Mary Spellman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. none | 17. INFORMANT Orion B. Benton.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 12 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pul. Tuberculosis

(c)

002 X
13 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from ....., 1920, to Feb ....., 1950, that I last saw the deceased alive on Feb 19, 1950, and that death occurred at 2:55 P m., from the causes and on the date stated above.

SIGNATURE Levin J Sothoran M.D. (Degree or title) ADDRESS Charlotte Hall Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2/27/50 | NAME OF CEMETERY OR CREMATORY Trinity | LOCATION (City, town, or county) Newport Md. (State)

DATE REC'D BY LOCAL REG. 2/27/50 | REGISTRAR'S SIGNATURE M L Mowery | 24. FUNERAL DIRECTOR Huntt & Ryon | ADDRESS Waldorf Md.

2/28/50 Julia H. Pasey

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1950
BUREAU V

01492

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. 210

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Chase
4. DATE OF DEATH (Month) 2 (Day) 1 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1895
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chas Co Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Chase
14. MOTHER'S MAIDEN NAME Annie Wilkerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James Chase

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured skull, fractured both legs	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Automobile accident	Minutes
	(c)	

812.5
170c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Md. highway 210 (CITY OR TOWN) Indian Head (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) 2 (Day) 1 (Year) 1950 (Hour) 6:45 pm.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by auto while staggering across road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James L. MacKavanagh, M.D., (Degree or title) Deputy Medical Examiner, ADDRESS La Plata, Md. DATE SIGNED 2-1-50

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/9/50
NAME OF CEMETERY OR CREMATORY M. E.
LOCATION (City, town, or county) Pomonkey (State) Md
DATE REC'D BY LOCAL REG. 2/9/50
REGISTRAR'S SIGNATURE M. L. Mours
24. FUNERAL DIRECT Penny and Coffer, ADDRESS Mason Spring

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 6 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01493

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf, LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) Franklin (Last) Ferrell
4. DATE OF DEATH (Month) 2 (Day) 16 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2/3/07
9. AGE last birthday 43 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John F. Ferrell
14. MOTHER'S MAIDEN NAME Della Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Francis G. Pilkerton 3705 Handover Place Silver Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

822.5 Immediate cause (a) Burn - 3° entire body — 2-16-50

Antecedent cause(s)

170C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c) car caught on fire — 2-16-50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route V Md. (CITY OR TOWN) (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 16 (Year) 50 (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? auto turned over + caught fire

22. I hereby certify that I attended the deceased from 2-16, 19 to 1950, that I last saw the deceased alive on 19, and that death occurred at Med. Examiner's Case m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. Kedelen M.D. ADDRESS Last Date Md DATE SIGNED 2-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/18/50
NAME OF CEMETERY OR CREMATORY St Josephs
LOCATION (City, town, or county) Morganza, Md. (State)

DATE REC'D BY LOCAL REG. 2/18/50
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01494

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Charles
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) Julia (Last) Foster

4. DATE OF DEATH: (Month) February (Day) 6 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Feb. 6, 1950

9. AGE last birthday: yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Maryland, Charles Co.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marvin Jackson Foster

14. MOTHER'S MAIDEN NAME: Pauline Julia Bednor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- (If year, give war or dates of service) ---

16. SOCIAL SECURITY NO. ---------

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature - 6½ mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None (c)

776 x 159

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 19 50, to 2-6, 19 50, that I last saw the deceased alive on 2-6, 19 50, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE James S. Adams (Degree or title) ADDRESS Indian Head DATE SIGNED Md 2-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 2/6/50 | NAME OF CEMETERY OR CREMATORY St. Charles | LOCATION (City, town, or county) (State) Indian Head, Md.

DATE REC'D BY LOCAL REG. 2/6/50 | REGISTRAR'S SIGNATURE Julia H. Pasey | 24. FUNERAL DIRECTOR Huntt & Ryon | ADDRESS Waldorf, Md.

2-0-2-06-0-30-3-29-1

RECEIVED
FEB 13 1950
BUREAU V. S.

01495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Hill Top (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 yrs.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Hill Top. (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME: Sarah Priscilla Golden.

3. (b) Social Security Number:

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: John E. Golden.

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): Nov. 3, 1900

8. AGE: Years: 49 Months: 3 Days: 19 If less than one day: ..... hrs. ..... min.

9. Birthplace: Cross Roads, Chas Co. Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Berry Posey
13. Birthplace: Charles Co Md.

MOTHER
14. Maiden name: Clara Henderson.
15. Birthplace: Charles Co. Md.

16. Informant: Clifton D. Golden

Address: Hill Top, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Feb. 24, 1950 (month) (day) (year)

Cemetery or crematory: Baptist Cemetery

Location: Nanjemoy Md

18. Funeral director: Hunt & Ryon

Address: Waldorf Md.

19. Feb. 23 1950 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 22 1950 at 7 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.... to Feb. 1 1950

and that I last saw her alive on Feb. 1 (?) 1950

Immediate cause of death: Cerebral apoplexy

Due to: Cardio vascular disease.

Due to:

Other conditions: 422.1 93d (Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op. —

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: George C. Bicknell M.D. of other

Address: Marbury Md Date signed: Feb. 22 '50

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
MAR 6 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01496

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Midwife Mary Woodland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN India Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Cleveland (Middle) Randolph (Last) Gutrick

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb. 13, 1950

9. AGE last birthday: yrs. — If under 1 year: Months — Days 4 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant — None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): India Head, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Russell Gutrick

14. MOTHER'S MAIDEN NAME: Dorothy Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Russell Gutrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Disease — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 754.4 (c) 157e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank G. Susan — (Degree or title) M.D. — ADDRESS: India Head, Md. — DATE SIGNED: 2/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/17/50 — NAME OF CEMETERY OR CREMATORY: Mt. Hope Baptist — LOCATION (City, town, or county) (State): Ironsides Md

DATE REC'D BY LOCAL REG. 2/16/50 — REGISTRAR'S SIGNATURE: Odey Price

24. FUNERAL DIRECTOR: None (Father of Infant will Bury) — ADDRESS

4-0-2-13-0 30-5-46-X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 6 1950
W. WEAV V. S.

mw

M

01497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Walter (Last) Higgs

4. DATE OF DEATH (Month) Feb. (Day) 11 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single

8. DATE OF BIRTH 12/25/44

9. AGE last birthday 5 yrs. If under Months. 1 year Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Walter Alford Higgs

14. MOTHER'S MAIDEN NAME Maria Jane Abell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Walter Alford Higgs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured skull - internal	2-11-50
812.5 Antecedent cause(s)	(b) hemorrhage	
170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) hit by auto	2-11-50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 301 (CITY OR TOWN) La Plata (COUNTY) Chas. (STATE) Md.

TIME OF INJURY (Month) 2 (Day) 11 (Year) 50 (Hour) 1 30 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Hit by auto

22. I hereby certify that I attended the deceased from Mid-[illegible], 19[illegible] to [illegible], 19[illegible], that I last saw the deceased alive on 2-11-50, 19[illegible], and that death occurred at 1 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Edelen M.D. ADDRESS La Plata Md. DATE SIGNED 2-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 2/14/50

NAME OF CEMETERY OR CREMATORY St. Ignatius

LOCATION (City, town, or county) (State) Bel Alton, Md

DATE REC'D BY LOCAL REG. 2/13/50

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Hunt & Rayon, ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
FEB 15 1950
BUREAU V. S.

Evidence for addition in #18 shown on:
FILM No. G 12 FEB 21 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01498

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Waldorf,
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME HUBBARD, Thomas Watson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married.

6.(b) Name of ~~husband~~ or wife: Gertrude Hubbard.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 11, 1898

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
51	4	28		

9. Birthplace: Benton La.
(Town, county, and state)
10. Usual occupation: Restaurant operator
11. Industry or business
FATHER 12. Name: James Hubbard
13. Birthplace: La-
MOTHER 14. Maiden name: Delia Bennett
15. Birthplace: La.
16. Informant: Mrs Gertrude Hubbard
Address: Waldorf, Md-
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/11/50 (month) (day) (year)
Cemetery or crematory: Oakland
Location: Waldorf, Md
18. Funeral director: Hewitt & Ryon
Address: Waldorf, Md.
19. 2/10/50 (Date rec'd by registrar) 19 Julia H. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8 February 1950 at 11:30 P.M. EST

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13 January 1950, to 8 February 1950, and that I last saw h.im alive on 8 February 1950.

	DURATION
Immediate cause of death: Pulmonary embolj	20 min
Due to: Thrombophlebitis, bilateral.	10 days.
Due to: Squamous cell carcinoma	6 mos.
Primary site: Roof of the mouth at the side of an extracted tooth.	
Other conditions: 144 45c (2/21/50 akc)	

(Include pregnancy within 3 months of death)

Major findings of operations: None.
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE. If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A O Woodd, M.D.
M. D. or other
Address: La Plata. Md. Date signed 8 Feb 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
FEB 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01499

CERTIFICATE OF DEATH

Reg. Dist. No. 1 05

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Francis (Last) MUDD

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/15/84

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Francis De Sales Mudd

14. MOTHER'S MAIDEN NAME: Catherine Lee Bowling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: F. DeSales Mudd LaPlata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
260 Immediate cause	(a) CORONARY THROMBOSIS	15 HOURS
Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY SCLEROSIS	2½ YEARS
	(c) DIABETES MELLITUS	8 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1947, to Feb. 16, 1950, that I last saw the deceased alive on Feb. 16, 1950, and that death occurred at 1 10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John N. Griffin, M.D. Hughesville, Maryland 2/17/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/18/50	St. Mary's	Bryantown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/18/50	Julia H. Casey	Hunter & Ryon, Waldorf, Md.	

V2693

RECEIVED
FEB 20 1950
BUREAU V. S.

01500

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH · COUNTY: Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Waldorf
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural (Waldorf
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Levin (Middle) Irving (Last) Murrell
4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 13, 91
9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John W. Murrell
14. MOTHER'S MAIDEN NAME: Amelia Austin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 577-10-2394
17. INFORMANT: Mrs Mary Simpkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1950, to Feb 24, 1950, that I last saw the deceased alive on Feb 24, 1950 and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE: Edwin L. Lane M.D. (Degree or title) ADDRESS: Waldorf DATE SIGNED: 2/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Rural
DATE: 2/28/50
NAME OF CEMETERY OR CREMATORY: Asbury M.E.
LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REG.: 2-25-50
REGISTRAR'S SIGNATURE: M.L. Monroe
24. FUNERAL DIRECTOR: Hunt & Ryon ADDRESS: Waldorf, Md.

DOOVV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 25 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01501

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH · COUNTY: Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: ~~Charles~~ St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians' Memorial Hospital	STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)	(First) Doris	(Middle) Annette	(Last) Nester Twin #2	4. DATE OF DEATH	(Month) Feb. (Day) 16 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: 2-15-50	9. AGE last birthday: yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours 18 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): La Plata, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Wilson Nester		14. MOTHER'S MAIDEN NAME: Cova Arlene Goad			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Mr. Wilson Nester			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis — 18 hrs.

762.5 Antecedent cause(s)

160c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aspiration of amniotic fluid.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 36 weeks pregnancy; birth weight 4lb. 7 oz.

19a. DATE OF OPERATION: None.	19b. MAJOR FINDINGS OF OPERATION: None	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Feb, 1950, to 16 Feb, 1950, that I last saw the deceased alive on 16 Feb, 1950, and that death occurred at 11:04 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S O Woody	M D	La Plata, Md	2/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2-17-50	NAME OF CEMETERY OR CREMATORY: Nester	LOCATION (City, town, or county) (State): Laurel Fork Va
DATE REC'D BY LOCAL REG.: 2/16/50	REGISTRAR'S SIGNATURE: Julia H. Pacey	24. FUNERAL DIRECTOR: Hunth & Ryan, Waldorf, Md	ADDRESS

2-1-2-15-0-24-3-36-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 17 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01502

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mark (Middle) Guy (Last) Newman

4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb 27 1950

9. AGE last birthday: 4 hrs. — If under 1 year: Months / Days / Hours 4 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Joseph Newman

14. MOTHER'S MAIDEN NAME: Catherine Hattie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Daniel J. Newman (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Unknown

795.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

200C (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. L. Monroe Local Registrar Waldorf 2/27/50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial 2/27/50 at Home Waldorf Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

2/27/50 M. L. Monroe

24. FUNERAL DIRECTOR — ADDRESS

Daniel J. Newman (Father) Waldorf Md

4-0-2-27-0-22-5-20-0

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01503

CERTIFICATE OF DEATH

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pomonkey
LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pomonkey
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Adam (Last) Quoton

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 27 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlotte, North Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Toabe Quoton

14. MOTHER'S MAIDEN NAME: Maltsie Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Henry Quoton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 7 mos

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1949, to Feb 6, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 12 30 A.m., from the causes and on the date stated above.

SIGNATURE: Percival C. Smith (Degree or title) M.D. ADDRESS: Indian Head, Md. DATE SIGNED: Feb 7, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/10/50 — NAME OF CEMETERY OR CREMATORY: M.E. — LOCATION (City, town, or county) (State): Pomonkey

DATE REC'D BY LOCAL REG.: 2/7/50 — REGISTRAR'S SIGNATURE: Ody Price

24. FUNERAL DIRECTOR: Barnes & Matthews — ADDRESS: 614-4th S. SW

98499 Wash, D.C.

RECEIVED
FEB 14 1950
BUREAU V. S.

01504

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place) 3 da –
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cob Island –
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) (Last) Stine
4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 1950

5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-8-81
9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? W.S.

13. FATHER'S NAME John Stine
14. MOTHER'S MAIDEN NAME Lena ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Maria Stine Cob Island, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2-26-27-50

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. Art. Sclerosis

(c) Hypertensive Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1949, to 2-27, 1950, that I last saw the deceased alive on 2-26, 1950, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) N.D. ADDRESS La Plata DATE SIGNED 2-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/2/50
NAME OF CEMETERY OR CREMATORY Holy Ghost
LOCATION (City, town, or county) (State) Issue, Md.

DATE REC'D BY LOCAL REG. 3-2-50
REGISTRAR'S SIGNATURE Julia H. Vasey
24. FUNERAL DIRECTOR Huntt & Ryon Waldorf, Md. ADDRESS

900V1

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1950

Evidence for addition of #22 shown on:

FILM No. G 124 FEB 27 1950

01505

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles

City or town Rural - Hughesville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Charles

City or town Rural Hughesville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Russell Young

3.(b) Social Security Number

4. Sex M

5. Color or race W

6.(a) Single, married, widowed, or divorced W

6.(b) Name of ~~husband~~ or wife Estella De Mar

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 4-8-1907

8. AGE: Years 42 Months 9 Days 27 If less than one day ... hrs. ... min.

9. Birthplace Aquasco Prince Geo. Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Jos. H. Young

13. Birthplace Aquasco, Md

MOTHER 14. Maiden name Mary Adams

15. Birthplace Gallant Green Md

16. Informant Shelby S. Young

Address Aquasco Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/7/50 (month) (day) (year)

Cemetery or crematory St. Mary's

Location Aquasco, Md.

18. Funeral director Huntt & Ryon

Address Waldorf, Md.

19. 2/6 1950 M. L. Monroe Registrar

(Date rec'd by registrar) 2/8/50 Julia H. Pasey

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5 1950 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner 19 to 19

and that I last saw h alive on 19

Immediate cause of death Cause

Due to Suffocation from Smoke filled Room

Due to

Other conditions 916.0 178 (Include pregnancy within 3 months of death)

DURATION 2-5-50

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Acc. Date of 2/5/50

Where did injury occur? Hughesville (City or town) (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Probably dropped cigarette or match on mattress. (2/28/50 J.S.)

Means of injury Injured at work?

23. SIGNATURE C. Kedelen M. D. M. D. or other

Address Hot Ista Md Date signed 2-5-50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 13 1950
BUREAU V. S.